PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		BLOCK NUMBER				
		INQUIRY NO.	DATE			
SECTION I (To be completed by soldier)						
NAME (Last, First, Middle)	SSN		GRADE			
UNIT			PHONE NUMBER			
NATURE OF PAY INQUIRY (Be specific)						
SECTION II	(To be completed by Unit Comma	ander)				
1. Supporting document(s) submitted or will be submitted to	o finance.	DATE	TL NUMBER			
Local payment. Soldier has been counseled regarding in appropriate word) the local payment.	mpact on future pay. My recomn	nendation is to approve/disa	pprove (cross out the			
3. Other (Specify)						
Signature of Unit Commander (or soldier as appropriate).			DATE			
SECTIO	N III (To be completed by Finance	ce)				
Allotment Entitlements	Collection	Leave				
Non-receipt Check Non-rece	eipt LES Other (Sp	ecify)				
	INQUIRY ANALYSIS CAUSE					
1. Non-receipt of document from Unit Commander.	2. Late red	ceipt of document from Unit	Commander.			
3. Document received - Finance did not process.	4. Docume	ent received and processed	but rejected on DJUOL.			
5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff. 8. Other (Specify)						
7. USAFAC	o. Other (
DESCRIPTION OF CAUSE AND ACTION TAKEN.						
ACTION REQUIRED						
DA Form 3684 Local Payment	INQUIRY EVALU	JATION				
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PAY INQUIRY For use of this form see AR 37-104-3; the proponent agency is USAFAC.		INQUIRY NO.	DATE			
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Signature of Unit Commander (or soldier as appropriate).			DATE			
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but too late to be processed prior to JUMPS cutoff. 8. Other (Specify)						
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DATE APPROVED LOCAL PAYMENT PAID	SIGNATURE (OF PAY CLERK				

		BLOCK NU	BLOCK NUMBER			
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appropriate word) the local payment.						
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